


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M93994 (5)</b> 1. Corporation Name <b>DOCKSIDE CANVAS, INC.</b>			
Principal Place of Business <b>1203 SE 9TH TERRACE SUITE 101 CAPE CORAL FL 33990 US</b>		Mailing Address <b>1203 SE 9TH TERRACE SUITE 101 CAPE CORAL FL 33990 US</b>	
2. Principal Place of Business 21 <b>1348 SE. 1 PL.</b> Suite, Apt. #, etc. 22 City & State 23 <b>CAPE CORAL, FL.</b> Zip Country 24 <b>33990</b> 25 <b>LEE</b>		2a. Mailing Address 26 <b>1417 DEL PRADO BLVD.</b> Suite, Apt. #, etc. 27 <b>#166</b> City & State 28 <b>CAPE CORAL, FL.</b> Zip Country 29 <b>33990</b> 30 <b>LEE</b>	
3. Name and Address of Current Registered Agent <b>GOZA, STEVEN E. 1203 SE NINTH TERRACE SUITE 101 UNIT B CAPE CORAL FL 33990</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GOZA, STEVEN E. 1203 SE 9TH TERRACE, SUITE 101 CAPE CORAL FL</b>	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOZA, DIANA L. 4213 SE 2ND AVENUE CAPE CORAL FL</b>	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/11/1988</b>	
4. FEI Number <b>65-0065814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ **LEE** **98** **04/22/1998**

CR2E034 (10/97)